

STATE OF CONNECTICUT
State Innovation Model
Consumer Advisory Board

Meeting Summary
January 10, 2017

Meeting Location: CT Behavioral Health Partnership, 500 Enterprise Drive, Rocky Hill

Members Present: Patricia Checko; Alice Ferguson; Kevin Galvin; Bonita Grubbs; Stephen Karp; Robert Krzys; Theanvy Kuoch; Fernando Morales; Arlene Murphy; Christi Staples (for Alicia Woodsby)

Members Absent: Jeffrey Beadle; Michaela Fissel; Nanfi Lubogo; Ann Smith

Other Participants: Faina Dookh; Marcia Dufore; Jenna Lupi; Christine Nguyen-Matos; Shiu-Yu Schiller; Sarju Shah

1. Call to Order

The meeting was called to order at 1:05 p.m. There was not a quorum present.

2. Public Comment

There was no public comment.

3. Approve December 6th Meeting Minutes

Approval of minutes was tabled due to lack of a quorum.

4. SIM Update

Practice Transformation Initiatives Update

Faina Dookh provided the update on practice transformation initiatives. There are two primary initiatives: the Advanced Medical Home Program (AMH) and the Community and Clinical Integration Program (CCIP). With the AMH program there was a pilot with 90 practices and the Program Management Office is recruiting 150 more. The goal is to provide them with support to become NCQA-certified Person Centered Medical Homes. There has been positive feedback from practices in the program. NCQA is releasing new standards in 2017. The PMO will work with the Practice Transformation Task Force to review the new standards. Patricia Checko thanked Alice Ferguson for participating on a panel at the SIM PMO's AMH Recruitment event in December. She also asked about the role of the Consumer Advisory Board in the AMH process. Ms. Dookh said they are working to figure out how the consumer empowerment efforts can move forward without being siloed and the PMO is hoping to come forward with a plan soon.

The PMO is currently launching CCIP. CCIP is tied to Medicaid's PCMH+ payment reform initiative. The hypothesis is that while the practices are meeting quality and cost targets, they need support to meet those targets. CCIP provides the support and technical assistance to succeed in those efforts. Qualidigm has been selected as the transformation vendor. There are three entities receiving support through CCIP: St. Vincent's Health Partners, Northeast Medical Group, and Community Health Center Inc. These practices are being asked to stretch; they need to review and change workflows and capture new data. There is a need to look at whether the reimbursement model allows them to carry out the additional tasks as it is very challenging under the current system.

Arlene Murphy said that the information can be complicated. She also asked how they are integrating behavioral health. Ms. Dookh said that behavioral health integration is a key component of CCIP and is handled at the organizational level, rather than by the individual practice. Ms. Murphy noted that there are consumers on the Task Force that consider these issues. She requested forwarding links to these materials to CAB members. She also asked how consumers are included in Community Health Collaboratives. Ms. Dookh said they have not been launched yet. The CCIP report details who is required to be part of the collaborative. She said she would have to review the report to see what it says. Dr. Checko suggested referring members to the CCIP web site and report. Murphy said they could follow up on the question of consumer involvement in the collaboratives.

Consumer Input in Health Information Technology

Sarju Shah provided the update on statewide health information technology planning. The SIM HIT Council was disbanded and the HIT Advisory Council, which is a legislative committee, was expanded. Dr. Checko serves on the Advisory Council. Ms. Shah said they are seeking help on consumer stakeholder engagement. They are looking to complete an environmental scan through discussions with various stakeholders. Part of that is finding out what consumers would like to see implemented. Upcoming steps include the release of a request for information for clinical quality measures and evaluating what type of functionality the state needs in its health information exchange.

Ms. Shah asked if they would be interested in participating in surveys, focus groups, or in-person interviews to provide feedback, as well as if they could reach out to their partners in the community to expand those discussions. She said they want to make sure they engage everyone and can move forward with education. It will not be a short term request and will be a longer term engagement. Christi Staples noted that her organization has a hospital initiative work group that talks about the lack of an HIE in Connecticut, particularly when it comes to flagging homelessness and having a platform that can cut across all of the state. She asked if they had discussed tracking and flagging certain populations in order to change the way care is delivered. Ms. Shah said that is part of Meaningful Use requirements. She noted that Partnership for Strong Communities was on their stakeholder outreach list. Ms. Staples said she was happy to hear these discussions are happening.

Dr. Checko noted that the Advisory Council existed for two years prior to the two councils merging and there had been some confusion about their tasks as a result but that members are excited about the work ahead. Ms. Shah said the role of SIM supports all statewide HIT activities. She encouraged members to reach out to her.

5. Approve December 6th Meeting Minutes

As there was now a quorum present, the CAB revisited the December meeting minutes.

Motion: to approve the minutes of the December 6, 2016 Consumer Advisory Board meeting – Stephen Karp; seconded by Kevin Galvin.

There was no discussion.

Vote: All in favor. Bonita Grubbs abstained due to the fact that she had been absent from the meeting.

6. Agenda for February CAB Member Orientation

Dr. Checko provided background on the member orientation. The orientation will take place the morning of the February CAB meeting. She reviewed the proposed agenda. They are looking at ways to shorten the day. Mr. Galvin asked whether three hours was needed for the orientation. Dr. Checko said the PMO presentation could be done within 25 minutes. Mr. Galvin said that three

hours may seem like a long time to a new member and that breaks should be factored in. Dr. Checko agreed and she added that it would be helpful to make certain sections more interactive. Mr. Galvin recommended setting time restraints for each discussion. Bonita Grubbs said the PMO presentation should be brief and it would be helpful to show how the new members relate to the rest of the CAB. She said that since they are formalizing the process, they should have a built-in check in. She also suggested they do the orientation within an hour and a half. Mr. Galvin noted that the meeting may go a little long because they may need to provide additional narrative. Rev. Grubbs added that the Healthcare Cabinet is scheduled to meet that day until noon.

The Board agreed that the introduction to SIM should be first. Christi Staples noted that there is a big question as to how the work of the CAB fits in with the rest of SIM. Theanvy Kuoch said that the new members should be able to help the CAB to move forward and that members never stop learning. Dr. Checko asked Rev. Grubbs whether they should ask the new members why they wanted to be a part of SIM. Rev. Grubbs said yes and added that during the Healthcare Cabinet's work on the cost containment report, consumer input was valuable. They are talking about health care writ large and small. Ms. Murphy suggested the existing members discuss how they fit in with the work that is going on. Dr. Checko said that could be part of the introductions.

Dr. Checko talked about working with Community Catalyst to put together an empowerment program. Shi-Yu Schiller said they had been doing work in that arena for quite some time but that this would be their first work with a SIM state. Ms. Murphy said there may be a follow up program in March or April to help the CAB strengthen their consumer empowerment strategies. Ms. Kuoch asked which consumers they would engage with. Ms. Murphy asked if there was something Ms. Kuoch wanted the CAB to take on. Ms. Kuoch said they should have community conversations and work on health equity. Ms. Murphy suggested bringing that back to the Planning Committee. Dr. Checko asked if there was consensus about moving forward. Ms. Staples said that she had participated in one of their trainings and noted that health equity was a large part of their training.

7. Approve and Discuss Implementation of CAB Mentoring Program

Ms. Murphy provided information on the CAB Mentoring Program. She thanked Fernando Morales for sharing the work of the HIV Planning Consortium as that served as the basis for the CAB Mentoring Guide. In addition to the traditional mentoring relationship, there would be small group information sessions. She asked whether anyone had questions, thoughts or suggestions. Mr. Galvin said it was a good product. Ms. Murphy said they will need volunteers to serve as mentors and she asked how they would move forward with specifics. Mr. Galvin asked how they would deal with a bad match. Dr. Checko said they encourage the mentor and mentee to stay in touch about the process. Mr. Morales said there have been issues a few times and normally they had a firm that handled those issues. For the CAB, if that situation arose, they would speak to the co-chairs and from there they would arrange for a different mentor. Ms. Murphy suggested adding a specific bullet that co-chairs will consider making needed changes if there was a problem. Mr. Galvin said he was interested in volunteering but noted the commitment would be a challenge at this time of year. Dr. Checko asked whether they should match people up before or after orientation. Rev. Grubbs suggested doing it after. Ms. Murphy suggested pre-identifying mentors. Alice Ferguson, Nanfi Lubogo, Theanvy Kuoch, and Patricia Checko had volunteered. Dr. Checko noted that the new members would be appointed on at Thursday's Healthcare Innovation Steering Committee meeting.

Motion: to approve the Consumer Advisory Board Mentoring Program – Kevin Galvin; seconded by Stephen Karp.

There was no additional discussion.

Vote: all in favor.

8. Update on CAB Communications Plan and Consumer Engagement Activities

Mr. Galvin led the discussion on consumer engagement and outreach. He introduced Marcia Dufore of the North Central Regional Mental Health Board to present. Ms. Dufore presented an overview of outreach activities. Mr. Galvin noted that the event at Cross Street AME Zion Church had 90 participants with a dozen faith leaders who were incredibly engaged. Mr. Galvin discussed upcoming events. A second Tweet Chat has been planned for January 25th with a focus on diabetes and how it affects the black community. The other event that is in process is being organized by Ms. Lubogo on May 13th that involves a diverse group of more than 100 young people taking about health issues. Two hours of the event will be devoted to SIM. They are looking for an interactive event and he said it will be a good opportunity and they will need support from the CAB to provide input. There is little to no cost involved. Ms. Lubogo is asking them about sponsoring the event. Dr. Checko noted that Ms. Lubogo's group helped with their first event and it seemed appropriate for the CAB to support them. Christine Nguyen-Matos said the PMO may be able to pay for the use of the facilities. Mr. Galvin said he would bring that information back. Mr. Galvin noted that for future events, they will need to try to meet at different times, particularly in the evening.

Mr. Galvin provided an update on CAB member interviews. One or two have been completed so far. Quyen Truong is seeking a few minutes on the phone with each CAB member after January 15th.

Mr. Galvin asked for feedback on what should be included in the Communications Plan. He said they would be coming back to the CAB for feedback often. Dr. Checko said they are looking at hands on feedback but that they should also look at their own internal communication within the board and with fellow committee members. She also brought up the hardware versus software issue. Mr. Galvin said one of the questions is how they will reach out to the public and how that outreach will be administered. He said he had no understanding of how to connect to the work groups. Ms. Dufore added that they ask event participants how they want to be communicated with. Ms. Murphy asked whether CAB members would be asked that question. Mr. Galvin said it was very general. Dr. Checko said there are a lot of pieces to the plan. Mr. Galvin said there is no quick fulfillment to the plan and that they may need professional help from people who know how to write these plans. Dr. Checko noted that initially in the test grant there was discussion about hiring a communications person but it never crystalized. Mr. Galvin said the Communications Plan would not move forward without CAB input. Ms. Dufore said she could help with scheduling in Ms. Truong's absence.

9. Next Steps and Adjournment

Dr. Checko said the next steps are getting an outline of the orientation plan out and letting members know the expectations for their involvement.

Motion: to adjourn – Mr. Galvin; seconded by Ms. Kuoch.

The meeting adjourned at 2:58 p.m.